## **MERIT Continuing Education Proposal**

Managed Education and Registry Information Tool merit.del.wa.gov



Use this application to request STARS credit for a non-STARS-approved training to count towards the 10 Hour Annual Continuing Education training requirement. See the application guidelines on page four for more information. Visit the MERIT website to complete

this application online. Please pri	nt or type.								
SECTION 1: A	PPLICANT	INFOR	MATION Fi	elds ma	rked v	with an	asterisk (	*) are	required.
*Last name		*First Name				*Middle Name			
*Date of Birth (mm/dd/yyyy)		*Gender □ Female □ Male			*STARS ID				
*Mailing Address								Apart	ment/Unit #
*City	*State	*Zip Code			*County of Residence		*	Country	
*Phone Number (contact)				Phone	Numbe	r (work)	)		
E-mail				Alterna	te E-m	ail			
	SECTIO	N 2: CUI	RRENT EMP	PLOYM	ENT I	NFORI	MATION		
Employment in DEL Licensed use Child Care Check at www.del include all fields for your employment.	.wa.gov or o								
Employment Start Date (mm/dd/	уууу):	/	/	_	Faci	lity Typ Child (	<b>De:</b> Care Center		b Position: Director
Provider ID Number:							l-Age Center Child Care		Provider/Licensee Assistant Director
Facility Name:									Program Supervisor Site Coordinator Lead Teacher
Phone Number: ( )			ext						Lead Staff/Group Leader Primary Worker
Address:									Assistant or Aide Volunteer Other
City		•							Gaici
			<b>QUIRED SI</b>						
You will need to submit supportir	ng document	tation to t	he Departmer	nt of Ear	ly Learı	ning (DE	ΞL):		

- An official description of the course/training:
  - ✓ A handout, brochure, syllabus, etc. <u>from the organization/trainer</u> that provided the course/training.
- **Proof of Attendance:** 
  - Proof that you attended the course/training and successfully completed it (e. g. copy of a certificate of completion, transcripts, etc.).
  - Proof of attendance must include: number of hours/credits earned, the date(s) of the training, your name, course/training title, and name of trainer or organization.
  - A course description/flyer with an instructor's signature on it does not qualify as proof of attendance or completion.

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SECTION 4: WASHINGTON STATE CORE COMPETENCY AREAS										
Identify the core competency areas that apply to the training. All trainings/courses must directly relate to one or more of the 11 Washington State Core Competency Areas. <i>Note:</i> A minimum of 1 hour should be spent in any competency area to be counted.										
	(1) <b>Administration:</b> To be able to effective young children, youth and their families	ely and efficier	tly operate a program or school that assures quality services to							
	(2) <b>Child Growth, Development &amp; Learn</b> in supporting a child's development and learn		erstand the nature of growth and development and the adult's role							
	☐ (3) <b>Child Guidance:</b> To use organizational and guidance strategies that foster responsibility, autonomy, self-reliance and positive social interactions and to respond to children with respect, acceptance and comfort, acknowledging their individual diversity.									
	☐ (4) <b>Communication:</b> To communicate effectively with children, parents, other caregivers, and colleagues.									
☐ (5) <b>Cultural &amp; Individual Diversity:</b> To understand families as the primary context for children's learning and development, respect diversity in family structures and values, and develop skills in interacting with parents in ways that enhance children's educational success.										
	(6) Curriculum Development: To understand that learning experiences are designed to meet the needs of all children, promote creativity, develop awareness of cultural backgrounds and diverse needs, and stimulate learning in all developmental areas.									
	(7) <b>Environmental Design:</b> To be able to plan and create an atmosphere, using physical and human elements, which fosters children's involvement and development and promotes children's self-esteem, social interaction and joy of learning.									
(8) <b>Family Systems:</b> To maintain an open, friendly and cooperative relationship with each child's family, encouraging family involvement and supporting the child's relationship with her or his family										
(9) <b>Health, Safety &amp; Nutrition</b> : To promote good health and nutrition and to provide a safe environment for children.										
	(10) <b>Observation &amp; Assessment:</b> To deverte family members	elop skills in o	bservation, assessment, do	ocumentation a	nd methods of reporting					
	(11) <b>Professionalism</b> : To make decisions programs and schools, and to improve one's									
	SECTION	N 5: TRAIN	ING INFORMATION							
Was this	training taken online? YES	NO								
Training <sup>*</sup>	Title (Please note that each training session must	be completed of	n a separate application includ	ding conference v	workshop sessions)					
Training	Start Date (mm/dd/yyyy):		Training End Date (mm/dd/yyyy):							
Conferen	ce Title ( <i>if applicable</i> )									
Conferen	ce Start Date (mm/dd/yyyy):		Conference End Date (mm/dd/yyyy):							
Trainer			Organization (if applicable)							
Contact F	Phone		E-mail							
Registration Website: http://										
Address		City		State	Zip Code					

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SECTION 6: TRAINING OUTCOMES
Describe the content of the training including how it links to the Washington State Core Competency areas:
Explain what you learned in the training:
Describe however also be south the information within your position.
Describe how you plan to apply the information within your position:
SECTION 7: STATEMENT OF UNDERSTANDING (Signature Required to Process Application)
The information I provided is true and accurate. I authorize the Department of Early Learning (DEL) to enter this information into the Managed Education and Registry Information Tool (MERIT), a secure system owned and operated by DEL. I understand that:
<ul> <li>Information shared with DEL becomes public record and some information in public records is available to the general public upon request.</li> </ul>
<ul> <li>All forms and documentation submitted to DEL will become the property of DEL.</li> </ul>
<ul> <li>All forms and documentation will not be returned, unless I request in writing to have a specific document returned and I provide a self-addressed, stamped envelope.</li> </ul>
<ul> <li>Any form or documentation that appears to have been altered, or on which "white out" is used, will not be processed or verified under any circumstances.</li> </ul>
• If my current name is not on the documentation, I must include proof of name change (e.g. copies of court records denoting
<ul> <li>marriage, divorce or other documenting name change).</li> <li>I am responsible for maintaining original documents for my personal records.</li> </ul>
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Signature Date

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#### **APPLICATION GUIDELINES**

- Only one training may be submitted per form using this application. You may submit multiple training sessions (e.g. conference sessions) using the online application.
- Training will only count towards the training requirement for the year in which it was completed.
- The training submitted for review must be one of the acceptable training types (see section 2).
- Training must directly relate to one or more of the 11 Washington State Core competency areas (see section 2)
- Supporting documents are required to process the application. Incomplete applications will be returned (see section 4).

#### **ACCEPTABLE TRAINING GUIDELINES**

The following types of training are acceptable for application and review:

- Training provided by an organization outside of our professional field (e. g. local hospital, chamber of commerce).
- A college class that is <u>not</u> within a college's Early Childhood Education Department. College courses within a Washington State
  college's ECE Department already meet the STARS training requirement and this form is not necessary. You can receive credit for
  those courses by mailing to DEL a copy of your college transcripts.
- Distance learning by an out-of-state sponsor.
- In-state training by an out-of-state or national sponsor (e. g. National Family Child Care conference held in WA).
- Out-of-state training by a nationally recognized sponsor (e. g. National Family Child Care conference held in NY).